

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2382 FAX (916) 263-2567
www.medbd.ca.gov



ARMED FORCES PERSONNEL APPLICATION FOR EXEMPTION FROM PAYMENT OF RENEWAL FEE Please print or type. Illegible applications will be returned		FOR OFFICE USE ONLY		
		Fee Paid: _____	Receipt #: _____	
Name (first, middle, last):		Date Cashiered: _____	Cashier's Intl.: _____	
Address: This address will be on file with the Medical Board of California and is public information. If listing a PO Box, you must also provide a confidential street address.		Date Approved: _____	Date Denied: _____	
Telephone Number: FAX Number (if applicable)		Enforcement Approval: Yes _____ No _____ Date: _____		
Social Security Number:				
California Medical License Number:				
MILITARY SERVICE INFORMATION. Please provide all information requested below.				
Indicate which branch of service. (Check one box only.)	<input type="checkbox"/>	Air Force	<input type="checkbox"/>	Army
	<input type="checkbox"/>	Marines	<input type="checkbox"/>	Navy
	<input type="checkbox"/>	U. S. Public Health Service		
Type of service:	<input type="checkbox"/>	Active Service/Full-time Training	<input type="checkbox"/>	Voluntary (Peace Corps or Vista) Sec 2987.5
Dates of Service or Training:	From: (mm/dd/yy)	To: (mm/dd/yy)		
Expected date of Discharge:	(mm/dd/yy)	Note: Cannot accept indefinite or N/A		
I certify under penalty of perjury under the laws of the State of California, that the information I have provided is true and correct and that any information in supporting documents I have provided is true and correct and that I am licensed to practice in the State of California.				
Applicant's Signature: _____		Date: _____		
THE PORTION BELOW MUST BE COMPLETED BY YOUR MILITARY SUPERIOR OFFICER OR PUBLIC HEALTH SERVICE SUPERVISOR				
Please indicate if the "Service Information" above is correct.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name (first, middle, last):				
Title:	<input type="checkbox"/>	Military Superior Officer		
	<input type="checkbox"/>	Public Health Service Supervisor		
Address:				
Telephone Number: FAX Number (if applicable):	Telephone () FAX ()			
Signature:		Date:		

PLEASE ENCLOSE PROOF OF MILITARY SERVICE

All items in this application are mandatory; none are voluntary. This information is requested by the Division of Licensing of the Medical Board of California. Failure to provide any of the requested information may result in this application being rejected as incomplete. The information will be used to determine your eligibility for your waiver of renewal fees, pursuant to Section 2440 of the Business and Professions Code. The Licensing Program and Chief is the custodian of records at the above address. Information in this application may be transferred to other governmental or law enforcement agencies.

Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

EXEMPTION INFORMATION AND INSTRUCTIONS

Section 2440 of the Business and Professions Codes provides an exemption from payment of the renewal fee for physician and surgeons while engaged in full-time training or active service in the Army, Air Force, Marines, Navy, or the United States Public Health Service (federal health service only, not state or county service). For informational purposes Section 2440 has been reprinted below:

EXEMPTION FROM RENEWAL FEE-ARMED FORCES PERSONNEL

- (a) Every licensee is exempt from the payment of the renewal fee while engaged in full-time training or active service in the Army, Navy, Air Force, or Marines, or in the United States Public Health Service. (b) Every person exempted from the payment of the renewal fee by this section shall not engage in any private practice and shall become liable for payment of such fee for the current renewal period upon his or her discharge from full-time active service and shall have a period of 60 days after becoming liable within which to pay the renewal fee before the delinquency fee is required. Any person who is discharged from active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period. (c) the time spent in full-time active service or training shall not be included in the computation of the five-year period for renewal and reinstatement of licensure provided in Sections 2427 and 2428 (d). Nothing in this section shall exempt a person, exempt from renewal fees under this section, from meeting the requirements of Article 10 (commencing with Section 2190).

(Note: Subsection (d) refers to the Continuing Medical Education requirements contained in Article 10 commencing with Section 2190)

If you meet the above requirements and desire to have your license record reflect this exemption, you will need to complete the application on the reverse side. Additionally, if your license is currently expired, you will need to submit payment of all accrued renewal fees, the delinquent fee, and the penalty fee along with the application. Contact the Consumer Information Unit at (916) 263-2382 to obtain information on the total amount required. All applicants must submit "proof of service" for the period you are claiming.

If you are required to submit payment of the renewal fee or accrued fees along with the application, you will receive a new license reflecting the exempt "Military" status in approximately six weeks. Biennially a "License Renewal Application" will be sent to you and must be completed and signed to renew the license, but no fee will be required. Applicants not required to submit payment of the renewal period at this time, will receive a new license reflecting their exempt "Military" status after completing their next "Licensing Renewal Application". No fee will be required.

All applicants are reminded that a licensee who receives an exemption from payment of the renewal fee under Section 2440 or Section 2987.5 cannot engage in any private practice in the State of California. At the time of discharge, you will need to notify the Board in writing and request that your license be restored to "active" status.

FINANCIAL INTEREST STATEMENT	
<p>California's Financial Interest Disclosure law (Business and Professions Code section 2426) requires you to disclose any financial interest that you or your immediate family have in specified health-related facilities located in or outside the State of California. Immediate family means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.</p> <p>Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, dept, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.</p> <p>Health-related facility means any facility that provides clinical laboratory services, radiation, oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.</p> <p>A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) does not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation which has total gross assets exceeding \$100,000,000.</p>	
Health-Related Facility Name(s)	Facility's Address
<p>I certify under penalty of perjury under the laws of the State of California that I read and understand the information defining financial interest and that I have disclosed on this application the names of those health-related facilities in which I or my family has a financial interest.</p> <p>Applicant's Signature: _____ Date: _____</p> <p>note: If no financial interest, please sign, date, and indicate "NONE"</p>	
CME CERTIFICATION STATEMENT	
<p>In order to ensure the continuing competence of licensed physicians and surgeons, the Division of Licensing shall adopt and administer standards for the continuing education of such licensees. The division shall require each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years.</p> <p>I certify under penalty of perjury under the laws of the State of California that I read and understand the continuing medical education (CME) requirements, have completed and can document (if audited) an average of 25 hours of approved CME each calendar year, with 100 hours over the last 4 years <u>or</u> that I hold a CME waiver from the Medical Board of California.</p> <p>Applicant's Signature: _____ Date: _____</p>	